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TRANSMITTAL FORM

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Application Number	10/743,315-Conf. #5572
Filing Date	December 23, 2003
First Named Inventor	John Pretlove et al.
Art Unit	2609
Examiner Name	P. Saunders
Attorney Docket Number	43315-201410

Total Number of I	Pages in This Submissio	on	Attorney Doc	cket Number	43315-201410		
ENCLOSURES (Check all that apply)							
X Fee Transmitt	al Form	Drawing(s)			After Allowance Communication to TC		
Fee Attac	ched	Licensing-related Papers			Appeal Communication to Board of Appeals and Interferences		
X Amendment/R	Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
After Fina	al	Petition to Convert to a Provisional Application			Proprietary Information		
Affidavits	/declaration(s)	Power of Attorney, Revocation Change of Correspondence Address			Status Letter		
X Extension of T	Extension of Time Request Terminal Disclaimer			Other Enclosure(s) (please Identify below):			
Express Abandonment Request Request for Refund							
Information Dis	mation Disclosure Statement CD, Number of CD(s)						
Certified Copy of Priority Document(s)			ape Table on	CD			
Reply to Missin Incomplete App		Remarks					
	Missing Parts under 1.52 or 1.53				,		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name VE	ENABLE LLP						
Signature	in	ful		•			
Printed name Eri	ic J. Franklin			-	•		
Date Fe	bruary 25, 2008			Reg. No.	37,134		

PTO/SB/17 (10-07)

Fee Paid (\$)

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rk Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/08/2004. 10/743,315-Conf. #5572 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number FEE TRANSMITTAL December 23, 2003 Filing Date John Pretlove et al. First Named Inventor For FY 2008 **Examiner Name** P. Saunders Applicant claims small entity status. See 37 CFR 1.27 2609 Art Unit 43315-201410 TOTAL AMOUNT OF PAYMENT 460.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Venable LLP 22-0261 X Deposit Account Deposit Account Number: Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 x Credit any overpayments **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 210 105 Utility 310 155 510 255 100 130 Design 210 105 50 65 105 310 155 160 80 Plant 210 Reissue 310 155 510 255 620 310 210 105 0 0 0 0 Provisional **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 25 50 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) Fee Paid (\$) - 20 = HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee Paid (\$) Fee (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50

Other (e.g.,	460.00				
SUBMITTED BY	0	7)			
Signature	grin	ign	tration No. hey/Agent) 37,134	Telephone	(202) 344-4936
Name (Print/Type)	Eric J. Frankli	n ,		Date	February 25, 2008

Number of each additional 50 or fraction thereof

(round up to a whole number) x

sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

/50 =

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)

- 100 =

4. OTHER FEE(S)